



St. Bartholomew's House

ABN 92 491 228 162

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## **Response**

### **Senate Inquiry into Residential and Community Aged Care in Australia**

Western Australia is presented with unique challenges arising from its geographical isolation and distance, resulting in an increase in the cost of service provision. Further, the State has experienced rapid growth from the resources boom, which benefited many sectors of the economy, however conversely, negatively impacted on low income aged people. Pensioners have had to budget for increased living and petrol costs and increased rents in the private market and have may not able to bridge the financial gap and are presenting as homeless.

The not-for-profit aged care sector is also under the same economic pressures with labor shortage and an inability to offer attractive salary packages for care workers and health professionals.

- Recommendation: A scale is implemented which addresses regional variations between States and within W.A., this is inclusive of wage , service delivery and capital works variations.

With the emphasis on standards and quality of care, where is the dignity for those who are prematurely aged (through a health condition) or find themselves homeless? The wait list for priority public and community housing in WA is now 15-18 months. The current options for homeless aged people are increased lengths of time in hospital; early admission into a residential facility or entry into boarding and lodging houses.

- Recommendation: There needs to be greater recognition for those who are prematurely aged to be considered and granted opportunities for aged services.
- Recommendation: Different models of affordable, independent, supported accommodation for low income, aged people are funded. Supported accommodation models which address issues of; social isolation, security, care and affordability.

Current funding levels and indexation are inadequate in meeting the required quality of care in residential facilities, particularly services for clients with complex needs. Services such, as the James Watson Low Care Residential Hostel, have developed models of specialized care, more related to intervention and behavior management as opposed to the clinical/medical model. The outcome of an intervention model is an improved quality of life and a reduction in hospital admission, thereby resulting in a social and financial benefits. The current trend is to treat low care hostels (with some high care clients) the same as Nursing homes/institutions.

- Recommendation: There is a recognition that people with complex needs will find it difficult to be placed in mainstream high care facilities. Therefore, adequate funding for a continuum in service provision from community care to low and high care residential facilities for the aged, including prematurely aged with specialized needs is essential.

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